

PUBLIC HEALTH

ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

Public Health: Everybody Counts!

We are asking you to take part in this survey to help us better describe the public health workforce in Washington State. The questions ask about your educational background, experience and the kinds of job functions you currently perform in public health. All information will be aggregated so that your individual identity will be protected and all personally identifying information such as your name and contact information will be removed once we have completed the survey collection.

The information from this survey will be used by county and state officials to better target training and education activities, and to better plan for recruitment, retention, and succession. It will also help provide information for funding requests to address workforce shortages and gaps. Taking part is up to you.

We have found that the survey usually takes less than 20 minutes. We hope you will find the survey interesting and fun to fill out. You don't have to answer any question you don't want to, and you are free to end the survey at any time. If you don't want to answer a specific question, just skip over it. Please take a minute to read the instructions below before starting the survey. Click [here](#) to view the survey fact sheet.

If you have any questions about this study, you can call Janice Taylor at the Washington State Department of Health. You can call her during business hours at 360-236-4086 or e-mail her at PHEverybodyCounts@doh.wa.gov.

1. Please enter your name

(Your name is only needed in case there are technical problems and we need to follow up with you; it will be deleted before any reporting is done.)

Please tell us more about your work in Public Health

2. Please indicate if you work for the state or for a local jurisdiction (or both).

- ☐ Washington State Department of Health
- ☐ Local Health Jurisdiction
- ☐ State Board of Health
- ☐ Local government entity providing Human Services
- ☐ Other local governmental entity providing Environmental Health Services

If local health staff only, [go to 2b](#)

2a. DOH or State Board of Health staff, please specify your primary location(s). (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Kent - Center Point | <input type="checkbox"/> Tumwater - Point Plaza East |
| <input type="checkbox"/> Olympia - East Side Plaza | <input type="checkbox"/> Tumwater - New Market Campus |
| <input type="checkbox"/> Olympia - Firgrove | <input type="checkbox"/> Tumwater - Warehouse |
| <input type="checkbox"/> Shoreline - Public Health Lab | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Spokane - Freeway Plaza | |

Other state location (please specify)

2b. Local Health Jurisdiction or other local government staff, please specify your primary county location(s) (check all that apply):

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Garfield | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Grant | <input type="checkbox"/> Mason | <input type="checkbox"/> Tacoma Pierce |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> Island | <input type="checkbox"/> Pacific | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Jefferson | <input type="checkbox"/> San Juan | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Kitsap | <input type="checkbox"/> Seattle King | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Skagit | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Skamania | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Ferry | <input type="checkbox"/> Lewis | <input type="checkbox"/> Snohomish | |
| <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Stevens | | |

Other local location (please specify)

If local health or local government staff only, [go to Question 4](#)

3. DOH or Board of Health Staff, please identify the Public Health program(s) in which you work (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> OS - Office of the Secretary | <input type="checkbox"/> EHSPHL - Office of the Assistant Secretary |
| <input type="checkbox"/> OS - Communications | <input type="checkbox"/> EHSPHL - Center for Health Statistics |
| <input type="checkbox"/> OS - Policy, Legislative, and Constituent Relations | <input type="checkbox"/> EHSPHL - Epidemiology |
| <input type="checkbox"/> OS - Public Health Emergency Preparedness & Response | <input type="checkbox"/> EHSPHL - Public Health Laboratories |
| <input type="checkbox"/> OS - Public Health Systems Planning & Development | <input type="checkbox"/> EHSPHL - WEDSS |
| <input type="checkbox"/> OS - Other | <input type="checkbox"/> EHSPHL - Other |
| <input type="checkbox"/> CFH - Office of the Assistant Secretary | <input type="checkbox"/> HSQA - Office of the Assistant Secretary |
| <input type="checkbox"/> CFH - Community Wellness and Prevention | <input type="checkbox"/> HSQA - Community and Rural Health |
| <input type="checkbox"/> CFH - Infectious Disease and Reproductive Health | <input type="checkbox"/> HSQA - EMS and Trauma System |
| <input type="checkbox"/> CFH - Maternal and Child Health | <input type="checkbox"/> HSQA - Facilities and Services Licensing |
| <input type="checkbox"/> CFH - Other | <input type="checkbox"/> HSQA - Health Professions Quality Assurance |
| <input type="checkbox"/> EH - Office of the Assistant Secretary | <input type="checkbox"/> HSQA - Health Systems Quality Assurance |
| <input type="checkbox"/> EH - Drinking Water | <input type="checkbox"/> HSQA - Other |
| <input type="checkbox"/> EH - Environmental Health Assessment | <input type="checkbox"/> MSD - Financial Services |
| <input type="checkbox"/> EH - Environmental Health and Safety | <input type="checkbox"/> MSD - Human Resources |
| <input type="checkbox"/> EH - Food Safety and Shellfish Programs | <input type="checkbox"/> MSD - Information Resource Management |
| <input type="checkbox"/> EH - Radiation Protection | <input type="checkbox"/> MSD - Risk Management |
| <input type="checkbox"/> EH - Other | <input type="checkbox"/> MSD - Other |
| | <input type="checkbox"/> State Board of Health |

4. Please record your formal job title and whether you work full-time or part-time.

If in an acting position, fill out as if permanent, and focus only on your acting job title, role and responsibilities. If you have the same job title at more than one location, just record it once. If you have more than one job title, please list each separately. (If you have more than two job titles, please only list the two that take most of your time.)

Formal Job Title	Full Time	Part Time (estimated number of hours per week)
Job 1. Please specify (as used on a business card or job classification) <hr/> If you have another way of describing your job, please specify <hr/>	<input type="checkbox"/>	<hr/>
Job 2. Please specify (as used on a business card or job classification) <hr/> If you have another way of describing your job, please specify <hr/>	<input type="checkbox"/>	<hr/>

5. How many years have you been

a. Working in your current job position?

Job Position #1 Years

Job Position #2 Years

b. Working for your current agency?

Job Position #1 Years

Job Position #2 Years

c. Working in public health? Years

d. And indicate any additional time you may have worked in the health care industry (besides public health)

Years

6. How many more years do you estimate you will work in public health?

(If you are currently working in Human Services, EMS or EHS treat these positions as if they are public health positions to answer this question)

Years ☐ Not Sure

7. Does your current job include routine supervisory responsibility?

☐ Yes ☐ No

Looking at all your work history, how many total years have you been supervising?

8. Public Health Job Function

IMPORTANT INSTRUCTIONS! Listed below are various public health job functions. Understanding that you may be responsible for one, some or all of these functions, please identify the percentage of time spent in each category. Make sure the total equals 100% -- even if you work less than full-time.

It is important that you complete this information for the functions you serve -- which may or may not be reflected in the title of your division/department. For example, you may work in "Maternal and Child Health," but your function may be Communications, in which case you would enter the percentage of your time spent in "Communications." Likewise, if you are an executive leader, we understand that your work touches all of the functional areas described below. You may either show all of your time in "Executive Leadership," or select the categories that best summarize your work.

If you hold more than one position, please complete for both "Position 1" and "Position 2."

Click on a function below for detailed information. Click "Other" to add new function. Click "Back to Function List" to return to the list and add data for other roles.

- [Executive Leadership](#)
- [Policy Analysis and Development](#)
- [Administrative/Support Services](#)
- [Information and Technology Systems](#)
- [Communication](#)
- [Workforce Development, Performance Management and Training](#)
- [Public Health Assessment](#)
- [Communicable and Infectious Disease Protection](#)
- [Environmental Health](#)
- [Community and Family Health Promotion and Prevention](#)
- [Clinical](#)
- [Licensing and Credentialing](#)
- [EMS/Trauma](#)
- [Public Health Laboratory](#)
- [Human Services](#)
- [Facilities Maintenance](#)
- [Other](#)

a. Executive Leadership provides organizational leadership on key policy questions, clinical and/or administrative issues. May work with local and or state boards of health and/or serves as key public health spokesperson. Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Facilitating organizational strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
Providing leadership to determine organizational mission, vision and values and policy development	<input type="checkbox"/>	<input type="checkbox"/>
Developing organizational messages and/or serving as a key public health spokesperson regarding public health issues	<input type="checkbox"/>	<input type="checkbox"/>
Providing organizational leadership on key clinical issues and direction including determining the need for and developing protocols	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)
b. Policy Analysis and Development provides analysis, interpretation and communication regarding policy choices and/or laws and regulations or serves in liaison role between state/local health Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Analyzing, evaluating and communicating public policy choices	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting and applying laws and regulations that pertain to public health authority and responsibility	<input type="checkbox"/>	<input type="checkbox"/>
Providing liaison activities between state and local health	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)

c. Administrative/Support Services provides financial planning and/or management/administrative support services for the organization and may include contracts, risk management, and or accounting as well as customer support services, handling meeting logistics or medical records, staffing the front desk etc. Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing financial and management support services such as accounting, budgets, facilities, liability issues and risk management, grant writing	<input type="checkbox"/>	<input type="checkbox"/>
Providing administrative support such as handling customer service requests, creating document formats, managing logistics for meetings, providing basic information and referral, staffing the front desk, completing forms for purchasing, travel etc.	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)
d. Information and Technology Systems provides technology system development, and/or ongoing support, and/or maintenance Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Implementing data collection processes that ensure technology transmission compatibility and systems storage	<input type="checkbox"/>	<input type="checkbox"/>
Developing policies, procedures and technology systems that are available, reliable, appropriate, confidential, secure and supported	<input type="checkbox"/>	<input type="checkbox"/>
Developing or making decisions to purchase technology tools in user friendly formats	<input type="checkbox"/>	<input type="checkbox"/>
Providing "help desk" functions for users of information systems	<input type="checkbox"/>	<input type="checkbox"/>
Developing systems, policies and procedures for protection of confidentiality and secure data exchange and/or transfer	<input type="checkbox"/>	<input type="checkbox"/>
Consulting with users on appropriate technology standards	<input type="checkbox"/>	<input type="checkbox"/>
Applying informatics to public health	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

	(please describe)	(please describe)
e. Communication provides internal and external development/implementation of public information strategies and materials. May include media relations and/or risk communication Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing public information dissemination to diverse entities including the public, legislators, Local Boards of Health, the media	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with the media and the public with regard to public health topics	<input type="checkbox"/>	<input type="checkbox"/>
Balancing legal and confidentiality issues for the benefit of the public	<input type="checkbox"/>	<input type="checkbox"/>
Writing guidelines for internal and external communication	<input type="checkbox"/>	<input type="checkbox"/>
Writing new releases, fact sheets, newsletter articles, marketing materials, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)
f. Workforce Development, Performance Management and Training provides human resource development and support, training and development and/or quality improvement Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Building staff competency through continuous learning opportunities and/or quality improvement strategies	<input type="checkbox"/>	<input type="checkbox"/>
Applying workforce development principles (personnel rules, compensation, benefits, safety, employee policies, recruitment, hiring, labor relation)	<input type="checkbox"/>	<input type="checkbox"/>

Developing and maintaining systems that recognize individual and organizational strengths, and address deficiencies	<input type="checkbox"/>	<input type="checkbox"/>
Developing emergency preparedness & response capabilities/capacity	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating, networking and collaborating	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	(please describe)	(please describe)

g. Public Health Assessment provides ongoing monitoring and surveillance, research and evaluation, and/or community/environmental assessment Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing epidemiology and/or surveillance principles on an ongoing basis to monitor non-infectious and/or chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>
Collecting and analyzing data	<input type="checkbox"/>	<input type="checkbox"/>
Conducting program evaluation activities and consultation	<input type="checkbox"/>	<input type="checkbox"/>
Collecting, storing and/or working with Vital Statistics information	<input type="checkbox"/>	<input type="checkbox"/>
Community and/or environmental health assessment	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	(please describe)	(please describe)

h. Communicable and Infectious Disease Protection provides communicable disease outbreak investigation, tracking, surveillance and/or reporting Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2

Providing surveillance and identification of emerging health threats	<input type="checkbox"/>	<input type="checkbox"/>
Reporting notifiable conditions	<input type="checkbox"/>	<input type="checkbox"/>
Using a communicable disease tracking system	<input type="checkbox"/>	<input type="checkbox"/>
Identifying roles/responsibilities for response to public health threats	<input type="checkbox"/>	<input type="checkbox"/>
Providing communicable disease outbreak investigation	<input type="checkbox"/>	<input type="checkbox"/>
Communicating urgent public health messages	<input type="checkbox"/>	<input type="checkbox"/>
Providing education or services to reduce risks	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	(please describe)	(please describe)

i. Environmental Health provides development of public policy, regulation, and guidelines, and provision of health information and education to the public, health care providers, and governmental agencies regarding environmental health issues and concerns Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %

Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing environmental health education	<input type="checkbox"/>	<input type="checkbox"/>
Involving the community and/or stakeholders in setting environmental health priorities	<input type="checkbox"/>	<input type="checkbox"/>
Planning for or responding to environmental events or natural disasters that threaten the public's health	<input type="checkbox"/>	<input type="checkbox"/>
Conducting risk communication activities	<input type="checkbox"/>	<input type="checkbox"/>
Conducting emergency preparedness activities	<input type="checkbox"/>	<input type="checkbox"/>
Tracking, recording or reporting environmental health risks and illnesses	<input type="checkbox"/>	<input type="checkbox"/>
Enforcing compliance with environmental health regulations	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	(please describe)	(please describe)

j. Community and Family Health Promotion and Prevention provides prevention, education and early intervention for public health programs such as MCH, Injury Prevention, STD, WIC/Nutrition, Immunizations, Health Promotion, Tobacco, Reproductive Health, Drug/Alcohol Prevention Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Selecting public health priorities that reflect scientifically based public health literature	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining active involvement of community members in addressing prevention priorities	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in and supporting collaborative partnerships for dissemination of information	<input type="checkbox"/>	<input type="checkbox"/>
Providing prevention, early intervention and outreach services that are provided directly or through contracts	<input type="checkbox"/>	<input type="checkbox"/>
Providing clinical consultation	<input type="checkbox"/>	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)
k. Clinical provides one or more clinical health care services such as physician/medical, social work, nursing, nutrition, substance abuse treatment etc. in a clinical setting and/or home visit basis Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing one or more health care services (physician, social work, mental health, nursing, nutrition, physical therapy, primary care, case management, substance abuse treatment, etc.) in a clinical setting or home visit basis	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)

I. Licensing and Credentialing provides professional and/or facilitates licensing, certification or registration. May track health care shortages and/or provide support for professional boards/commissions Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing or facilitating professional licensing	<input type="checkbox"/>	<input type="checkbox"/>
Providing and/or facilitating facilities licensing	<input type="checkbox"/>	<input type="checkbox"/>
Tracking professional health care shortages	<input type="checkbox"/>	<input type="checkbox"/>
Providing staffing support for professional boards and/or commissions	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)

m. EMS/Trauma provides and coordinates out-of-hospital emergency medical response and care to acute illness and trauma patients. May also regulate out-of hospital care and EMS/trauma care provided by designated trauma services. Back to Function List	Percentage of Time	
	Position 1	Position 2
	_____ %	_____ %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Ensuring physician oversight of programs	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring provider training and continuing medical education	<input type="checkbox"/>	<input type="checkbox"/>
Providing systems planning analysis and technical assistance to regional programs	<input type="checkbox"/>	<input type="checkbox"/>
Develops, maintains/utilizes statewide EMS & Trauma Care Plans/Trauma Registry	<input type="checkbox"/>	<input type="checkbox"/>
Designates trauma services	<input type="checkbox"/>	<input type="checkbox"/>
License ambulance/aid services	<input type="checkbox"/>	<input type="checkbox"/>
Certifies/disciplines EMS providers (e.g. First Responders, Emergency Medical Technicians)	<input type="checkbox"/>	<input type="checkbox"/>
Develops, implements/evaluates EMS & Trauma System injury prevention programs	<input type="checkbox"/>	<input type="checkbox"/>

Other	<input type="checkbox"/>	<input type="checkbox"/>
	(please describe)	(please describe)

n. Public Health Laboratory provides testing/screening of specimens to determine disease and/or toxins Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing testing or screening of specimens to determine disease and/or toxins including newborn screening, presence of food borne disease agents, chemical agents, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Providing consultation regarding specimen collection and handling and investigation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	(please describe)	(please describe)

o. Human Services social services provided by those local health jurisdictions that have combined organizational structures (e.g. Chemical Dependency Prevention and/or Treatment Services, Developmental Disabilities and/or Mental Health) Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Providing chemical dependency prevention and/or treatment services: assessment, outpatient services; detoxification, alcohol/drug involuntary commitment; ADATSA; programs that reduce the potential use of drugs and alcohol to high-risk youth	<input type="checkbox"/>	<input type="checkbox"/>
Providing employment/community access services for adult citizens with developmental disabilities: collaborating with community partners to identify training and information needs, implementing training	<input type="checkbox"/>	<input type="checkbox"/>

activities, disseminating community information, assessment of community needs, identifying resources, allocating funding		
Providing mental health services: outpatient, inpatient and crisis mental health services; case management, therapy, medication evaluation and management, pre-vocational services, assistance with daily living skills; Regional Support Network functions to ensure access to mental health services to all eligible Medicaid recipients in the region	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)

p. Facilities Maintenance provides maintenance of facilities and grounds Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> %	<input type="text"/> %
Examples Activities	Please select all activities performed for this function	
	Position 1	Position 2
Cleaning rooms or cubicles	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
Building maintenance/minor repairs	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> (please describe)	<input type="checkbox"/> (please describe)

q. Other Back to Function List	Percentage of Time	
	Position 1	Position 2
	<input type="text"/> % Please describe this function	<input type="text"/> % Please describe this function
Examples Activities	Please describe the activities performed for this function	
	Position 1	Position 2
Other		

--	--	--	--

Education

9. Please tell us about your education by completing the table below. **Indicate each level of education you have completed**, the field of study and the degree held. Then make a check mark by each level of education that is required for your job.

Educational Background	Type of Degree(s) (for each level)	Field(s) of Study	Check if this is a job requirement
a. Some high school, high school diploma or GED			<input type="checkbox"/>
b. Associate/junior college degree or diploma (e.g. A.A., Associate degree or diploma in nursing)			<input type="checkbox"/>
c. Bachelors degree (e.g. BS, BA, BSN)			<input type="checkbox"/>
d. Masters degree (e.g. MS, MA, MPH, MHA, MSW, MSN)			<input type="checkbox"/>
e. Doctoral degree (e.g. PhD, DrPH, EdD)			<input type="checkbox"/>
f. Professional degree (e.g. MD, DDS, DO, JD, DVM)			<input type="checkbox"/>
g. Certificate in public health			<input type="checkbox"/>
h. Certified Public Accountant (CPA)			<input type="checkbox"/>
i. Certified Financial Planner (CFP)			<input type="checkbox"/>
j. Other Degrees (please list)			<input type="checkbox"/>

10. Please tell us about other professional credentials or licenses you possess, by completing the following table.

Check each credential or license you have currently.

Current	Credential	Check if this is a job requirement
	Licensed Professions	
<input type="checkbox"/>	Advance Registered Nurse Practitioner	<input type="checkbox"/>
<input type="checkbox"/>	Dental Hygienist	<input type="checkbox"/>
<input type="checkbox"/>	Dentist	<input type="checkbox"/>
<input type="checkbox"/>	Licensed Practical Nurse	<input type="checkbox"/>
<input type="checkbox"/>	Marriage & Family Therapist	<input type="checkbox"/>
<input type="checkbox"/>	Massage	<input type="checkbox"/>
<input type="checkbox"/>	Mental Health Counselor	<input type="checkbox"/>
<input type="checkbox"/>	Midwife	<input type="checkbox"/>
<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>
<input type="checkbox"/>	Osteopathic Physician and Surgeon	<input type="checkbox"/>
<input type="checkbox"/>	Osteopathic Physician Assistant	<input type="checkbox"/>

<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>
<input type="checkbox"/>	Physical Therapist	<input type="checkbox"/>
<input type="checkbox"/>	Physician - Please indicate if you are Board Certified <input type="radio"/> Yes <input type="radio"/> No If Board Certified, then list specialties <hr/>	<input type="checkbox"/>
<input type="checkbox"/>	Physician Assistant	<input type="checkbox"/>
<input type="checkbox"/>	Psychologist	<input type="checkbox"/>
<input type="checkbox"/>	Registered Nurse	<input type="checkbox"/>
<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
<input type="checkbox"/>	Veterinarian	<input type="checkbox"/>
Current	Certified Professions	Mark box if this is a job requirement
<input type="checkbox"/>	Chemical Dependency Professional	<input type="checkbox"/>
<input type="checkbox"/>	Dietitian	<input type="checkbox"/>
<input type="checkbox"/>	EMS Provider	<input type="checkbox"/>
<input type="checkbox"/>	Health Care Assistant	<input type="checkbox"/>
<input type="checkbox"/>	Nursing Assistant	<input type="checkbox"/>
<input type="checkbox"/>	Nutritionist	<input type="checkbox"/>
<input type="checkbox"/>	Pharmacy Technician	<input type="checkbox"/>
<input type="checkbox"/>	Radiological Technician	<input type="checkbox"/>
<input type="checkbox"/>	Sex Offender Treatment Provider	<input type="checkbox"/>
Current	Registered Professions	Mark box if this is a job requirement
<input type="checkbox"/>	Counselor	<input type="checkbox"/>
<input type="checkbox"/>	Nursing Technician	<input type="checkbox"/>
<input type="checkbox"/>	Nursing Assistant	<input type="checkbox"/>
<input type="checkbox"/>	Pharmacy Assistant	<input type="checkbox"/>
<input type="checkbox"/>	Recreational Therapist	<input type="checkbox"/>
<input type="checkbox"/>	X-Ray Technician	<input type="checkbox"/>
<input type="checkbox"/>	Please list any other License or Credential <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>

Please tell us about yourself

Optional questions for demographic use only

11. Gender

- ☐ Male
☐ Female

12. Are you Spanish/Hispanic/Latino? Mark the "No" box if not Spanish/Hispanic/Latino.

- ☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic/Latino (Specify)

13. What is your race? Check one or more races to indicate what you consider yourself to be

- ☐ White
☐ Black or African American
☐ American Indian or Alaska Native - Print name of enrolled or principal tribe
☐ Spanish/Hispanic/Latino (see question 12 above)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Asian – Print race
☐ Other Pacific Islander – Print race
☐ Other race – Print race

14. Are you a person of disability, such that you require reasonable accommodations to perform the essential functions of your position duties and responsibilities

- ☐ Yes
☐ No

15. Are you multilingual?

- ☐ Yes
- ☐ No - If No, [go to Question 17](#)

Please indicate the language(s) (including American Sign language)

- | | | |
|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tigrignia |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish | |

Other (please specify)

16. Have you been certified in any language as an interpreter or translator?

- ☐ Yes
- ☐ No

Please indicate the language(s) (including American Sign language)

- | | | |
|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tigrignia |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish | |

Other (please specify)

17. Age Range:

- ☐ 24 years or below
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55 years or above

18. Please indicate the annual salary range of your current position

(This information will not be linked to you specifically, but will be used to show ranges of salaries for public health employees. If you are a part time employee, estimate your actual salary range for the estimated hours you work)

- ☐ < \$14,000
- ☐ \$15,000-\$24,999

- ☐ \$25,000-\$34,999
- ☐ \$35,000-\$44,999
- ☐ \$45,000-\$54,999
- ☐ \$55,000-\$64,999
- ☐ \$65,000-\$74,999
- ☐ \$75,000-\$84,999
- ☐ >\$85,000

19. Additional comments

This was the last question. Please review your answers before submitting. Everyone's answers will be combined to give us information about the public health workforce in this state. Thank you very much for your time and cooperation.

Print

Submit

This survey is hosted and administered by the Washington State Department of Health

